

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | W.A      | 8      | 08/08/01 |
| O.I.P.E. CLASSIFIER       |          | 1079   | 8/10/01  |
| FORMALITY REVIEW          | H-L      | 917    | 09/10/01 |
| RESPONSE FORMALITY REVIEW | AM       |        | 02-19-02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date      |
|----------------|-----------|
| Final Original |           |
| 1              | Y 10/5/01 |
| 2              | Y         |
| 3              | Y         |
| 4              | Y         |
| 5              | Y         |
| 6              | Y         |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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20/6/12 L8810  
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